

<b>United States Bankruptcy Court</b> <b>DISTRICT OF IDAHO</b>		<b>PROOF OF CLAIM</b> <b>CHAPTER 13</b>	
In re (Name of Debtor) <b>MICHAEL DENNEY</b>		CASE NUMBER: <b>04-21097</b>	
NOTE: This form should not be used to make a claim for an administrative expense arising after the commencement of the case. A "request" for payment of an administrative expense may be filed pursuant to 11 U.S.C. § 503. Name of Creditor (The person or other entity to whom the debtor owes money or property) <b>SLM EDUCATION CREDIT MANAGEMENT CORP.</b> Name and Address Where Notices Should be Sent  C/O Sallie Mae Inc. 220 Lasley Ave. Wilkes-Barre, PA 18706  Telephone No. <b>(570) 821-3600</b>		<input type="checkbox"/> Check box if you are aware that anyone else has filed a proof of claim relating to your claim. Attach  <input type="checkbox"/> Check box if you have never received any notices from the bankruptcy court in this case.  <input type="checkbox"/> Check box if the address differs from the address on the envelope sent to you by the court	
ACCOUNT OR OTHER NUMBER WHICH CREDITOR IDENTIFIES DEBTOR  <b>XXX-XX-5676</b>		<input type="checkbox"/> replaces Check here if this claim a previously filed claim, dated: _____ <input type="checkbox"/> amends	
1. BASIS FOR CLAIM <input type="checkbox"/> Goods sold <input type="checkbox"/> Services performed <input checked="" type="checkbox"/> Money loaned/Student Loans <input type="checkbox"/> Personal injury/wrongful death <input type="checkbox"/> Taxes <input type="checkbox"/> Other (Describe briefly)  <input type="checkbox"/> Retiree benefits as defined in 11 U.S.C. § 1114(a) <input type="checkbox"/> Wages, salaries, and compensation (Fill out below) Your social security number _____ Unpaid compensation for services performed from _____ to _____ (date) (date)			
2. DATE DEBT WAS INCURRED:  <b>05/28/03</b>		3. IF COURT JUDGMENT, DATE OBTAINED:	
4. CLASSIFICATION OF CLAIM: Under the Bankruptcy Code all claims are classified as one or more of the following: (1) Unsecured nonpriority, (2) Unsecured Priority, (3) Secured. It is possible for part of a claim to be in one category and part in another. CHECK THE APPROPRIATE BOX OR BOXES that best describe your claim and STATE THE AMOUNT OF THE CLAIM AT TIME CASE FILED. <div style="display: flex; justify-content: space-between;"> <div style="width: 48%;"> <input type="checkbox"/> SECURED CLAIM \$ _____            Attach evidence of perfection of security interest            Brief Description of Collateral:  <input type="checkbox"/> Real Estate <input type="checkbox"/> Motor Vehicle <input type="checkbox"/> Other (Describe briefly)              Amount of arrearage and other charges at time case filed included in secured claim above, if any \$ _____    <input checked="" type="checkbox"/> UNSECURED NONPRIORITY CLAIM <b>\$4,144.23</b>            A claim is unsecured if there is no collateral or lien on property of the debtor securing the claim or to the extent that the value of such property is less than the amount of the claim.    <input type="checkbox"/> UNSECURED PRIORITY CLAIM \$ _____         </div> <div style="width: 48%;">           Specify the priority of the claim.  <input type="checkbox"/> Wages, salaries, or commissions (up to \$4000)* earned not more than 90 days before filing of the bankruptcy petition or cessation of the debtor's business, whichever is earlier--11 U.S.C. § 507(a)(3)  <input type="checkbox"/> Contributions to an employee benefit plan--11 U.S.C. § 507(a)(4)  <input type="checkbox"/> Up to \$1,800* of deposits toward purchase, lease, or rental of property or services for personal, family, or household use--11 U.S.C. § 507(a)(6)  <input type="checkbox"/> Alimony, maintenance, or support owed to a spouse, former spouse, or child--  <input type="checkbox"/> Taxes or penalties of government units--11 U.S.C. § 507(a)(8)  <input type="checkbox"/> Other--Specify application paragraph of U.S.C. § 507(a) _____            * Amounts are subject to adjustment on 4/1/98 and every 3 years thereafter with respect to cases commenced on or after date of adjustment.         </div> </div>			
5. TOTAL AMOUNT OF CLAIM AT TIME CASE FILED. <b>\$4,144.23</b> (Unsecured) (Secured) (Priority) (Total) <input type="checkbox"/> Check this box if claim includes charges in addition to the principal amount of the claim. Attach itemized statement of all additional charges. <b>Plus interest continuing to accrue @ _____ % APR (\$ _____ per diem)</b>			
6. CREDITS AND SETOFFS: The amount of all payments on this claim has been credited and deducted for the purpose of making this proof of claim. In filing this claim, claimant has deducted all amounts that claimant owes to debtor.		THIS SPACE IS FOR COURT USE ONLY	
7. SUPPORTING DOCUMENTS: <u>Attach copies of supporting documents</u> such as promissory notes, purchase orders, invoices, itemized statements of running accounts, contracts, court judgments, or evidence of security interests. If the documents are not available, explain. If the documents are voluminous, attach a summary.			
8. TIME-STAMPED COPY: To receive an acknowledgement of the filing of your claim, enclose a stamped, self-addressed envelope and copy of this proof of claim.			
Date <b>10/08/04</b>		Sign and print the name and title, if any, of the creditor or other person authorized to file this claim (attach copy of power of attorney, if any) <b>570-821-3600 EXT 2540 /s/JOHN GROHOL</b> <b>JOHN GROHOL</b> <b>BANKRUPTCY ANALYST</b>	

Penalty for presenting fraudulent claim: Fine of up to \$500,000 or imprisonment for up to 5 years, or both 18 U.S.C. §§ 152 and 3571.

U.S. COURTS

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CAMERON S. BURKE  
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CLASS-111-ACCT BALANCE, AMT DUE, SCHOOL DATA----- LSC/F 10/08/04  
 >NXT SCR 111 SSN \_\_\_\_\_ PG \_\_\_\_\_ OWN \_\_\_\_\_ ST \_\_\_\_\_ GU \_\_\_\_\_ LN \_\_\_\_\_ DT \_\_\_\_\_  
 SSN \_\_\_\_\_ LOANS ALL - PROC CT STATUS FORA GUAR 1H OWNER 400400  
 NAME(FML) MICHAEL R DENNEY DOB 02 09 59 OWNER SLMF-RIPIC  
 ADDR 10421 W COUGAR CULCH H PH 208 765 0441 BRNCH ID 0000  
 CITY COEUR D ALENE ST ID ZIP 83814 7655 W PH 208 769 1578 DFR INT CD  
 ADDR IND D RELEASE INFO Y LANG INT RATE 13.750  
 VALID ADDR Y COS Y COM N AMT OUT 3,839.30 ORIG PRIN 4,500.00  
 COBORR IND NLMA PAYOFF - PRIN SUB .00 PRIN PD 1,065.70  
 SEP DATE 04/28/04 GRACE PRIN NSUB 4,500.00 BR INT PD 480.99  
 SCHOOL 222003 MCS P89 CAP INT .00 BR INT YTD 275.51  
 SYLVAN LEARNING CENTER - COEUR ACC BORR INT 304.93 BR INT PYR 205.48  
 CLHSE N \*BKRT\* ANTICPD PIF DT 06/28/08 10-DAY PIF 4,158.68  
 LATE CHG AMT .00 OTHER CHGS .00  
 PRESENT AMT DUE .00 PMT DUE DT 07/28/05 LAST BR PMT RECVD 03/01/04  
 FEES ACCRUED N SCH PMT AMT 112.23 AMT OF LST BR PMT 1,000.00  
 AMT DELINQUENT .00 1ST PMT DUE 06/28/03 SCHED TERM 60  
 DAYS DELINQUENT RPMT BEG DT 05/28/03 MAX PAYOFF DT 06/28/18  
 DELINQUENCY DT COUP GEN DT ACTUAL PAYOFF DT  
 CORRESPONDENCE ENTRY CPP CNST. TND LETTER REQUEST .  
 DATE SOURCE MESSAGE  
 100804 LPJMG1 \_\_\_\_\_ CONT

PF5=BORR ACTV(112).PF6=BILL(121).PF7=COS/REF(116).PF9=ORG PMT DUE.PF10=LOAN DIR